

Appl. No. 09/920,783
Amdt. Dated 02/25/2005
Reply to Office Action of November 30, 2004



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application. No. : 09/920,783
Applicant : Koji Kimura
Filed : 08/01/2001
TC/A.U. : 2631
Examiner : Pankaj Kumar

Confirmation No. 5170

Docket No. : 80398P379
Customer No. : 8791

Commissioner for Patents
PO Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

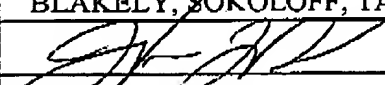
In response to the Office action of November 30, 2004, please amend the above-identified application as follows:

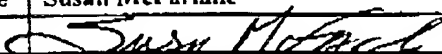
Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/920,783
		Filing Date	August 1, 2001
		First Named Inventor	Koji Kimura
		Art Unit	2631
		Examiner Name	Pankaj Kumar
Total Number of Pages in This Submission	11	Attorney Docket Number	80398P379

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	February 25, 2005

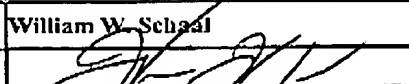
CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Susan McFarlane		
Signature		Date	February 25, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 06/04/2004
 SEND TO Commissioner for Patents, P O Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		<i>Complete if Known</i>	
		Application Number	09/920,783
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	August 1, 2001
		First Named Inventor	Koji Kimura
		Examiner Name	Pankaj Kumar
TOTAL AMOUNT OF PAYMENT		(\$)	200.00
		Art Unit	2631
		Attorney Docket No.	80398P379

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION																																																																																																																																			
1. EXTRA CLAIM FEES																																																																																																																																			
Total Claims	27	31*	0	50.00	\$0.00																																																																																																																														
Independent Claims	4	3*	1	200.00	\$200.00																																																																																																																														
Multiple Dependent																																																																																																																																			
<table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th>Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>300</td> <td>2203</td> <td>180</td> <td>Multiple Dependent claims, if not paid</td> </tr> <tr> <td>1204</td> <td>300</td> <td>2204</td> <td>150</td> <td>**Rescued independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>200</td> <td>2205</td> <td>150</td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="4">SUBTOTAL (1)</td> <td>(\$)</td> <td>200.00</td> </tr> </tbody> </table>						Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)		1202	50	2202	25	Claims in excess of 20	1201	200	2201	100	Independent claims in excess of 3	1203	300	2203	180	Multiple Dependent claims, if not paid	1204	300	2204	150	**Rescued independent claims over original patent	1205	200	2205	150	**Reissue claims in excess of 20 and over original patent	SUBTOTAL (1)				(\$)	200.00																																																																																					
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SUBTOTAL (2)				(\$)																																																																																																																															

SUBMITTED BY		<i>Complete if applicable</i>	
Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018
Signature		Telephone	(714) 557-3800
		Date	02/25/05

Read on PTO/US/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (v2) 12/15/2004
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		<i>Complete if Known</i>		
		Application Number	09/920,783	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	August 1, 2001	
		First Named Inventor	Koji Kimura	
		Examiner Name	Pankaj Kumar	
		Art Unit	2631	
TOTAL AMOUNT OF PAYMENT (\$)		200.00	Attorney Docket No.	80398P379

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s)
 ☒ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

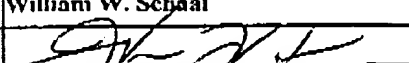
Total Claims	Extra Claims	Fee from below	Fee Paid
27	3*	0	50.00
Independent Claims	4	3*	1
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 300	2203 180	Multiple Dependent claim, if not paid
1204 300	2204 160	**Reissue independent claims over original patent
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(5) 200.00

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code		
1061 130	2051 65	Surcharge - late filing fee or oath	
1062 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
2053 130	2053 130	Non-English specification	
1251 120	2251 60	Extension for reply within first month	
1252 450	2252 225	Extension for reply within second month	
1253 1,020	2253 510	Extension for reply within third month	
1254 1,590	2254 795	Extension for reply within fourth month	
1255 2,160	2255 1,080	Extension for reply within fifth month	
1401 500	2401 250	Notice of Appeal	
1402 500	2402 250	Filing a brief in support of an appeal	
1403 1,000	2403 500	Request for oral hearing	
1451 1,610	2451 1,510	Petition to institute a public use proceeding	
1410 130	2480 130	Petitions to the Commissioner	
1107 50	1607 50	Processing fee under 37 CFR 1.17(q)	
1006 100	1806 180	Submission of Information Disclosure Sheet	
1009 760	1809 365	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 790	2810 365	For each additional invention to be examined (37 CFR § 1.129(h))	
Other fee (specify)			
SUBTOTAL (2)		(5)	

SUBMITTED BY		<i>Complete (if applicable)</i>	
Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018
Signature		Telephone	(714) 557-3800
		Date	02/25/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (v.10) 12/15/2004.
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